

ALL medical RECEIPTS require the following:

- ✓ Fully itemized bill which includes:
- ✓ Date the actual service was provided (Not date payment was made)
- ✓ Name of the claimant (patient)
- ✓ Type of service (i.e. "office visit", dental procedures", surgery" Etc.)
- ✓ Proof of payment (cancelled check or receipt from Dr.'s office)
- ✓ All prescription drug claims must be accompanied by the prescription bag receipt or pharmacy print out.
- ✓ Orthodontic payment booklet receipts that do not indicate the date of the service and the type of service (i.e. "orthodontic adjustments on DD/MM/YY") are not acceptable.
- ✓ For inpatient/outpatient hospital procedures, you must include the fully itemized bill from the original date of the service. Receipts that only indicate payment/co-payment information are not acceptable.

All child care RECEIPTS require the following:

- ✓ Fully itemized bill/receipt/contact for services which includes:
- ✓ The dependents name
- ✓ The period during which the service was rendered
- ✓ The name, address, and taxpayer identification number of the individual or organization providing the service
- ✓ A description of the service provided
- ✓ Proof of payment

You must be able to copy all of the above information directly from each receipt onto the front of this form.

NOTE: Advances reimbursement of future or projected expenses is not permitted. This means that you cannot request reimbursement prior to end of the dates of the service even if you pay for the service in advance. (Services from November 1-15 cannot be reimbursed until November 15 services have been rendered, even if the care was paid for in October).